



LIFE BLOOD *Life Line*

VOLUME II, ISSUE I Heidelberg Medical Department Activity: Winter 2011

SPECIAL POINTS OF INTEREST:

- Welcome to the LIFE BLOOD Life Line, a newsletter for you—our beneficiaries!
- Reminder: Flu season is ongoing. Vaccinations are still available at all HMEDDAC clinics.

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www.facebook.com/hmeddac

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Patients take active role in healthcare

By Kristen Marquez
HMEDDAC Public Affairs

With the advent of the Patient and Family Centered Care initiative last year, HMEDDAC gave patients the chance to take a more active role in their personal healthcare needs.

Each clinic formed a Patient Advisory Council, made up of spouses, retirees, Soldiers and staff members. The councils normally meet once a month to discuss issues and topics of importance within their respective clinics.

Thus far, each of the councils has helped with redesigning clinics, choosing promotional items and improving facility appearances.

"Patients have a closer relationship and a better understanding of their health center," said Jutta Shoots, HMEDDAC Patient Advocate, who helps facilitate the Heidelberg council. "If patients have concerns and would like to have a voice in the decision making in the health center, they should join our group."

For example, the Patient Advisory Council in Heidelberg played a large role in helping change the smoking areas on Nachrich-

ten Kaserne.

"Some patients had expressed dissatisfaction at the location of one of the smoking gazebos due to its proximity to a main walkway," said Col. P.K. Underwood, HMEDDAC commander. "We discussed it with the Heidelberg Patient Advisory Council to get their opinion on the issue. Using their input, we were decided that moving the smoking areas would be in the best interest of our patients, and would be met with approval."

Irene Misiewicz, a member of the Heidelberg Patient Advisory Council, serves as the group's volunteer coordinator.

"My favorite part about the PAC is seeing things go full circle; from the initial idea/concern stage to the action/completion stage,"
- Irene Misiewicz, patient volunteer

"I think it's important for community members to get involved in the PAC because it gives them the opportunity to be instrumental in making a difference at the facility ... and in the medical care they receive," she said. "My favorite part about the PAC is seeing things go full circle; from the initial idea/concern stage to the

action/completion stage," she said.

The Patient Advisory Councils are looking for new members. For more information, call Ms. Shoots at 371-2666, or 06221-17-2666.

APLSS: The survey helps us to help you

Did you receive a survey in the mail after a recent appointment? This is your Army Provider-Level Patient Satisfaction Survey. You may receive a letter asking you to fill out a questionnaire, or asking you to call a number and complete the survey by phone. Both

letters also give you the option of completing the survey online. Completing this survey allows us to continue to improve the healthcare we provide to you! For more information or if you have any questions, call 371-2666 or 06221-17-2666.



Helping others deal with quitting

Deciding to quit using tobacco products is a big step for anyone who smokes or uses a variety of smokeless tobacco. So how can you best help those who may be thinking about taking on this challenge?

If you know someone who has decided to take this monumental step, there are ways that you can be a big help – even if you’ve never smoked or used tobacco yourself. Remember, these tobacco users could be dealing with the effects of giving up an addiction that may have lasted many years.

But, according to www.ucanquit2.org, helping someone quit smoking or dipping can be summed up in a simple four-step process.

Step One: Thinking about quitting.

- Quitting needs to be their decision, not anyone else’s, so it is important to be supportive but not pushy.
- Choose the right time to be encouraging. The most opportune times are when they bring it up themselves.
- Don’t give up or get frustrated. Give them the time they need.

Step Two: Preparing to quit.

- If you also use tobacco, consider quitting with them. Having a “quit buddy” can be a huge motivator, similar to a workout buddy to help keep you accountable.
- Help them pick a quit date that is right for them, and then help them stick to it.
- Suggest medications or professional support to help them along the way. Doing a little bit of research on the effects of nicotine withdrawal could arm you with knowledge to help fight cravings in tough times.
- Help them remove all tobacco-related products from their home and car.
- Encourage them to tell as many

people as possible about their goal of quitting. The more support they receive, the better.

Step Three: Quitting

- Compliment them on their efforts. Positive feedback is a big help and always appreciated. Have they considered a reward system for themselves? Rewards can help make it past everyday obstacles instead of just the big milestone at the end.
- If you use tobacco products, don’t use them in front of your friend who is trying to quit.
- Spend time having fun! Try to avoid places that may encourage them to use tobacco, but participating in physical activities or playing games can really help. Going for a walk, fixing a healthy snack or encouraging them to start a quit journal or blog will make them feel better.
- Be understanding. Setbacks are not failures – they are just part of the process.

Step Four: Staying Quit

- Celebrate successes with them! Every tobacco-free milestone can be a reason to celebrate.
- Remember that for many people, quitting completely can take several attempts over time. Be ready to offer nonjudgmental encouragement and support.

Encouraging your friend to check out resources available to them can also be a good idea, and the military offers several resources to its personnel.

Army Wellness Centers offer tobacco cessation classes that can help every step of the way. On www.ucanquit2.org, live help is available 24/7 via a chat service with tobacco quit coaches.

For more detailed information, visit the websites, or talk to a healthcare provider.

How do I fill a prescription at a German pharmacy?

If you are being seen by a German physician as an **OUTPATIENT** or **INPATIENT**, you will most likely receive a German prescription. For **INPATIENT** discharge prescriptions- please ask your inpatient Host Nation Patient liaison for prescription assistance.

Here are some options for obtaining the medication prescribed to you:

OPTION #1

The simplest and easiest way is to take your prescription to a German pharmacy and have it filled. Active duty must ensure they have a TRICARE authorization for German prescriptions. Contact your local TRICARE service center for a list of network pharmacies, and they will provide you with claim forms and instructions.

Active Duty or a family member enrolled in TRICARE Prime - the network pharmacy will

not charge you for the medication-they will submit the bill to TRICARE. Just show a copy of your referral from the MTF to the German provider so they can ascertain your Prime enrollment. Your TRICARE service center will give you an extra copy and claims form for this purpose. If you use a non-network pharmacy, you will prepay and then submit a claim to TRICARE for reimbursement.

Retiree or a family member in TRICARE Standard—you will prepay, submit your claim to TRICARE for reimbursement after submitting to other health insurance first, and pay any applicable co-pays and deductibles.

Civilian— you will prepay and obtain reimbursement from your health insurance.

If you prepay, keep the prescription with the prices annotated and stamped as received to file for reimbursement.

OPTION #2

If seen by a network provider, ask the provider to write a prescription that can be filled at the local medical treatment facility pharmacy.

This is possible if:

-The provider agrees to do it, is a network provider (PPN) and is preferably listed in the military pharmacy database (call your local MTF pharmacy to check).

-The prescription is in English and complies with the following requirements:

- Patient's full name and date of birth, written on the prescription by the physician
- Prescription lists the date written
- Has the chemical medication name, strength, and quantity described numerically (e.g. #40)
- Has prescription instructions in English (e.g. take one capsule 3 times daily)
- Signed by the prescribing German physician (name must be legible to pharmacy staff)
- Medication is listed in the Military Formulary (list of

medications maintained in military pharmacies)

- Doctor writes the diagnosis or indication on all controlled substance prescriptions (i.e. Percocet, Lortab, Tylenol #3, Valium, Ambien, etc..) or the prescription is accompanied by a copy of the doctor's appointment notes (i.e. copy of doctor's handwritten or typed narrative).

If the prescription does not meet the above criteria, please take it to a Germany Pharmacy.

Regulations prohibit MTF providers from re-writing any prescriptions unless they have evaluated the patient.

Did you know that you can get over-the-counter medications at the pharmacy at no cost to you? It's true! Stop by your pharmacy for more information!

TRICARE update: TRICARE Young Adult Program

The recently signed National Defense Authorization Act for fiscal year 2011 includes a provision to extend premium-based health coverage to eligible dependent children until age 26, similar to the provision in the 2010 Patient Protection and Affordable Care Act. The new program, TRICARE Young Adult, will be available to eligible dependents who age out of TRICARE at age 21 (or 23, if full-time college students) who are not married or eligible for their own employer-sponsored coverage.

TRICARE is fast-tracking implementation. Beginning later this spring, qualified, unmarried dependents up to age 26 will be able to purchase TRICARE coverage on a month-to-month basis. For more information, visit www.tricare.mil/tya.



Behavioral Health appointment availability

Behavioral health services at the Heidelberg Health Center are currently open and available again to family members and civilians.

Previously, services were limited to active duty Soldiers for a temporary period of time due to staffing shortages.

"We are excited to once again be able to offer services to family members who may need to speak with a therapist," said Lt. Col. Tony Elder, acting chief of Behavioral Health for the Heidelberg Medical Department Activity. "We realize the stresses of military life,

and we don't want family members to feel like they can't get help from us if they need it."

Services in Behavioral Health include social work services, psychiatry and psychology. Patients can have one-on-one counseling sessions to help deal with any emotional issues they may be having.

There are also child, adolescent, marriage and family counseling services available, as well as group counseling that focuses on stress/anger management, depression, and post deployment related issues, including post-traumatic stress disorder.

"We recognize we've had periods of time where we haven't had the capability to see everyone due to circumstances beyond our control," said Col. P.K. Underwood, HMEDDAC Commander.

"At this time we are able to open the appointments again. However, we ask for patience as there may be a time in the future when we have to limit appointments again. We will always keep our beneficiaries informed of any changes."

For more information on Behavioral Health Services, call DSN 371-2557, civ. 06221-17-2557.

Commander:

COL P.K. Underwood

Sergeant Major:

SGM Michael S. Mullen

Deputy Commander for Nursing:

COL Lena Gaudreau

Deputy Commander for Clinical Services:

LTC (P) Lance Raney

Deputy Commander for Administration:

MAJ Brett Venable



ERMC
EUROPE REGIONAL MEDICAL COMMAND



HMEDDAC

MISSION: Provide a trained, ready medical force to care for our Soldiers, their Families, and beneficiaries.

VISION: Europe's premier medical team, promoting health, preventing illness, and inspiring trust through healthcare excellence.

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Vaccinations: Not just for children anymore

**By Kimberly Jeffery-Wolfert, RN BSN
HMEDDAC Public Health Nurse**

Immunizations may not be something you think about every day, but have you thought about this?

Our society does an excellent job of immunizing children. Vaccinations are checked at routine visits with health care providers, and additionally by many other entities such as our schools and sports programs.

Adults, however, are a different story.

When was the last time you, as an adult, checked to see what immunizations you were due to receive? It was probably not recently, if you're like most adults.

According to information from the Centers for Disease Control and Prevention, in 2009, most adult vaccination coverage levels continued to improve, but were lower than optimal vaccination levels seen among children. This means more adults were receiving vaccines than in recent years, but in compari-

son, the amount was less than the amount of children receiving the vaccines.

However, overall the 2008-2009 seasonal influenza vaccination coverage did improve compared to 2007-2008. Vaccination coverage levels for influenza were still lower than anticipated. Vaccination coverage for Tdap (tetanus, diphtheria and pertussis) was low.

What does this mean for most adults? A higher risk for vaccine-preventable diseases, including influenza and pertussis; Concentrating on one of these upper respiratory infections, pertussis, is making a comeback. Pertussis is also referred to as whooping cough because of the unique coughing sound produced from incessant coughing episodes.

According to the CDC, in 2010, several states reported an increase in cases and/or localized outbreaks of pertussis, including a state-wide epidemic in California. Localized outbreaks are not uncommon and occur throughout the year. During each of the last five years, there were

8,000 – 25,000 cases of pertussis reported in the United States.

The Td, tetanus vaccine, is given at least every 10 years. The CDC recommends that Tdap should replace a single dose of Td for adults aged 19-64 years who have not received a dose of Tdap previously. Adults who are due for a booster for Td should receive the Tdap vaccine, or the Tdap can be given earlier than the 10-year mark. For example, an adult who received their tetanus vaccine ten years ago should now get a Tdap vaccine instead of the Td vaccine.

Although strides have been made to protect adults from vaccine-preventable diseases, with a larger number of vaccines licensed and recommended for use, continued improvement in adult vaccination coverage levels is needed.

It's a good idea for adults to talk to a healthcare provider about what's best for their specific situation. For more information, visit the CDC at <http://www.cdc.gov/vaccines/>.

For more information on immunizations, visit the CDC website at www.cdc.gov/vaccines



Special points of interest:

- Upper Respiratory infection risk can increase with lack of vaccinations
- Td vaccine is given at least every 10 years
- Tdap should replace a single dose of Td for adults 19-64 who have not previously received a dose of Tdap.
- Adults who are due for a booster for Td should receive the Tdap vaccine.

Changes to Triage and Sick Call at Stuttgart Clinic

Staff Report

The U.S. Army Health Clinic Stuttgart has changed their business practices for active duty sick call services and the triage practices for the Stuttgart community. Active Duty Service Members are welcome to walk into the clinic every morning Monday through Friday.

However, the preferred method is to call the ERM Care Call Center for primary care appointments.

The advantages of calling in for an appointment are two-fold. First, beneficiaries are scheduled for a specific time, as opposed to waiting in the clinic among several other beneficiaries for your name to be called. More importantly, reducing walk-ins significantly reduces the time our beneficiary spends at the clinic and

allows the primary care providers to spend quality time with each patient, thereby improving health-care outcomes.

Reducing walk-ins has allowed the clinic to remove the process that required beneficiaries to be triaged before being provided a medical appointment to see their PCM. No longer will the Triage process serve as a gate keeper to your primary care provider.

The Stuttgart Army Health Clinic's philosophy is that if an authorized beneficiary feels they have an ailment that requires a visit with their PCM, then we will assist them.

In addition, it is very important that the community understand that the Stuttgart Army Health Clinic is not resourced or equipped to handle medical emergencies and visiting the Stuttgart Health Clinic for medical emergencies could delay the response in defini-

tive care. For medical emergencies, please contact the Stuttgart Military Police Station at DSN: 430-5262 or Civilian: 0711-6805262 or visit the Host Nation Medical Facility Emergency Room nearest you. The Stuttgart Host Nation Patient Liaisons can be contacted through the Military Police for emergencies to assist you with locating the nearest health care facility emergency department near you.

To make an appointment please contact the ERM Care Call Center from 6:30 a.m.-5:00 p.m. weekdays (Monday thru Friday).

Toll Free: 00800-3762-2273 (cell phone plans must include the option to call toll-free phone numbers)

Commercial: 06221-17-2622

DSN: 371-2622

Mannheim Optometry Clinic begins transformation process

The Mannheim Optometry Clinic will be "business as usual" until mid-May 2011. This includes all routine eye examinations and walk-in physicals/screenings. One service that is changing: work-up exams for refractive surgery will not be performed in Mannheim as of March 1, due to

to the need for continuity of care and follow-up requirements. If you are Active Duty and interested in PRK or LASIK surgery, we determine whether you are a candidate during your scheduled routine eye examination. If you are, we will provide you with a Heidelberg packet so that you can easily con-

easily continue the candidacy process with their Optometry Clinic. After mid-May, our operating days and hours are yet to be determined due to tentative staffing level changes. Heidelberg Optometry Clinic will remain open for all your eye care needs. We will keep you informed as we know details.

Patient Safety : A Systems Way of Thinking

By Terri Sharp
HMEDDAC Patient Safety
Manager

Creating and sustaining a culture of safety is the ultimate goal of the HMEDDAC's Patient Safety Program. An organization with a strong safety culture is made up of individuals who share the same values and sense of responsibility in regard to delivering safe patient care. They know that reporting an incident is a means of preventing a similar mishap.

They also report incidents that almost occurred, but due to some type of intervention were prevented, because they know those events have the potential to eventually cause harm. The culture in the organization is one in which leadership encourages personnel to speak up when they have ideas on how to improve current processes.

Staff in such an organization understand that identifying processes that need improvement requires a systems way of thinking, similar to the way a flowchart for a computer is written. They take a proactive approach to patient safety by analyzing a process, identifying

the steps involved in the process, and by addressing any identified risks. They share the understanding, that as humans, we all make mistakes, so creating steps in a process that make the mistake hard to make helps protect everyone involved. Members in the organization work as a team. Time is not wasted on pointing fingers when a mistake is made, but instead on discussing methods to prevent the same error from occurring again. They do this in staff meetings, pre-briefs, post briefs, and by collaborating on performance improvement projects.

Creating a strong culture of safety does not require high-level statistical analyses. A systems way of thinking is actually a sophisticated way to describe using a common sense approach to evaluate processes. Improvement methods are used that are proven by evidence to actually work.

Staff in the organization knows the importance of redundancy in carrying out specific processes. A good example is implementing a second or

even a third check verification system, such as the time-out process used in the Operating Room. Just as an aviator completes a checklist prior to any flight, checklists are used to ensure completion of actions in a process. They use techniques proven to enhance communication. They employ these techniques in every day practice – repeating the message back to the sender for clarification or by asking the patient to describe, in their own words, the procedure they are about to undergo.

All of these interventions, from the housekeeper who puts out a “wet floor” sign to the surgeon who does a final timeout before starting surgery, indicate that personnel work as a team. Each individual in this organization shares the responsibility of carrying out safe practices, yet they realize the importance of being accountable for their own actions. When asked the question about who is responsible for patient safety in the organization, the answer will be, “I am.”

*Need more
information on
the Patient Safety
Program in your
clinic?*

*Contact Terri
Sharp at*

*371-3007 or
06221-17-3007*

HMEDDAC Voluntary Protection Program information

By CPT Ross Floersheim
HMEDDAC

Building upon an already strong culture of safety, HMEDDAC teamed with the Occupational Safety and Health Administration in October 2009 in order to begin implementation of the Voluntary Protection Program (VPP).

The VPP, created by OSHA in 1982, emphasizes worker safety and health, and the identification and elimination of hazards by involving employees and managers in the proc-

ess.

SSG James Pease, HMEDDAC's Safety Office NCOIC, said when a Soldier or DoD civilian is injured, it affects everything from quality of life to the mission. “VPP is really a quality of life issue,” he said. “We want all our Soldiers and HMEDDAC employees to return home in the same shape as when they arrived at work. We care about our people and want to keep them safe, healthy, and productive.”

The program sets performance-based criteria for a managed safety and health system. Training is pro-

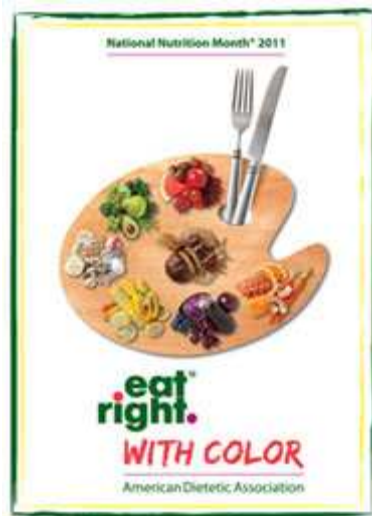
vided to introduce VPP into work centers, and emphasizes accountability at all levels.

“I think it is important to recognize that we aren't starting VPP to fix something that is broken. HMEDDAC already has a great safety culture in place. Nonetheless, recognizing that we can always get better, and that VPP has such a strong record of success, why wouldn't we do it?” said Herman Ehrhardt, HMEDDAC Safety Officer.

For more information on the VPP call DSN 371-3296 or 06221-17-3295.

Monthly Health Themes to Think About

Each month has a theme to use as a reminder of important health issues and topics. Here is a partial list of upcoming health-related observances. Use these as a reminder to complete health check-ups and keep yourself and your loved ones healthy.



March:

- Brain Injury Awareness Month
- Kidney Cancer Month
- Patient Safety Awareness Week
- Colorectal Cancer Awareness Month
- National Nutrition Month
- Poison Prevention Month
- American Red Cross Month

April:

- National STD Education and Awareness Month
- Cancer Control Month

May:

- National Mental Health Month
- Women's Health Care Month
- National Stroke Awareness Month

Commander
U.S. Army MEDDAC Heidelberg
Attn: Clinical Operations Division
CMR 442
APO AE 09042

OFFICIAL BUSINESS

DOD OFFICIAL INTRA-THEATER MAIL

